

MANUAL OF THE DEVELOPMENTAL DISABILITIES DIVISION HCBS 1915c 0208 WAIVER PROGRAM

Draft for FY2009

SCOPE: This manual applies to all contracted staff and service providers that serve DDP consumers under the Medicaid Home and Community-Based Services (HCBS) Waiver program, and to all state DDP staff.

PROGRAM OVERVIEW: Home and Community-Based Services (HCBS) are designed to support people with developmental disabilities in integrated and inclusive community settings. As such, HCBS provide alternatives to or prevent unnecessary institutionalization. Select HCBS developmental disabilities waiver services differ from Montana Medicaid State Plan services in both their delivery and reimbursement philosophy. Specifically, HCBS residential habilitation and day habilitation are considered long-term care services and involve both active training as well as health and safety monitoring and support. The balance of training and health / safety supports is based upon an individual service plan (ISP). Residential and day habilitation services are provided in accordance with individual service plans which specify the planned services for each person.

The HCBS provider reimbursement schedule defines the rates and units of service for each HCBS waiver category. As such the HCBS Waiver Reimbursement policy is intended to accomplish three purposes:

1. ensure that people have fair and equitable access to services;
2. ensure that providers are fairly and equitably reimbursed for delivering those services; and
3. ensure that services purchased by people are delivered in sufficient amounts and at acceptable quality standards.

STATEMENT OF POLICY: The HCBS Waiver Reimbursement policy defines the amount of financial reimbursement for each HCBS service and consists of the following:

1. Direct Care Staff Time is the Billable Unit for most HCBS services with the exception of adaptive equipment / environmental modifications, individual goods and services, assisted living, transportation, and state plan services. All provider reimbursement is based upon the amount of direct care staff time delivered to or on behalf of the HCBS recipient by the provider. In order to meet the conditions for payment, the HCBS recipient must be Medicaid eligible, enrolled, attend, and receive a HCBS Waiver Service; and the direct care staff must be actively employed and present to provide the HCBS Waiver Service. In addition, the service provided must be consistent with the service recipient's individual service plan.
2. Direct care staff is defined to be those individuals whose primary responsibility is the day to day, hands-on, direct support of people with disabilities, training and instruction, and assistance with and management of activities of daily living. In addition, substitute direct care can be provided for short, specific periods of time by staff whose primary duties may be other than direct care when regular direct care staff are absent and not in billable status.

3. Billable units for most HCBS services are defined as either hourly, daily, or monthly. Table 1 defines the applicable billable unit and associated financial reimbursement rate for each HCBS service. These rates are the costs for a single unit of service. The following definitions apply:
 - the term “Hours” refers to one hour of direct care staff time spent with or on behalf of an HCBS recipient. For this definition, an hour is considered to be no less than 46 minutes and no more than 60 minutes of time.
 - the term “Daily” refers to services provided in that day. For this definition, a day rate is derived individually based on hours in each person’s Individual Cost Plan. A day is also defined as direct care activities which occur between the hours of 12:00 a.m. and 11:59 p.m.
 - The term “Month” refers to a single month billing unit. For services using this billable unit, agencies are reimbursed at a fixed monthly amount for direct care hours provided to those people enrolled in their service for an entire month. Monthly rates are used when individual support needs can vary widely on a daily basis. For services billed by this monthly unit: if an individual “ports” from one service provider to another mid-month, each provider receives the appropriate pro-rated amount of the monthly fee for that month.
4. For selected services, the following additional billable unit definitions apply:
 - Community Homes and Work/Day Program – in those instances when several people in the same setting are supported by the same staff, the billable units are each person’s share of the monthly authorized direct care staff hours, as determined by their ICP
 - Supported Employment - the monthly rate is organized into three tiers which reflect different amounts of job coach contacts.
 - Supported Living - the “base” and “flex” levels are monthly rates based on the amount of support needed in two ranges, and an hourly rate is used for individuals needing more than 45 hours of support per month.

STANDARD RATES AND STANDARDIZED COST CENTERS: All provider reimbursement rates consist of four cost centers. These cost centers are:

1. *Direct care Staff Compensation:* By direction from the Montana State Legislature, direct care compensation rates were originally established at the 35th percentile of Montana market value as described by compensation data collected by Hayes compensation studies, Health and Hospital compensation studies, and the U.S. Bureau of Labor Statistics. Job classifications used for Personal Support Workers are staff that perform at least 85% of the typical duties of a developmental disabilities attendant with a high school degree and no special training. Typical classifications include child care workers, home health care aides, nursing home aides, hospital orderlies, and assisted living workers. Job classifications used for Habilitation Workers are staff that perform at least 85% of the duties of a developmental disabilities attendant with an Associate Arts degree or Certified Nursing Assistant credentials, or special training. Typical classifications include nursing home assistants, vocational trainers, behavior assistants, special education teachers’ aides.
2. *Employee-Related Expenses:* Employment related expenditures refer to the benefits package that is offered to all employees who are involved in the care and services provided to the person with disabilities. These costs can be categorized into two groups:
 - Discretionary Costs - Discretionary costs are those associated with benefits provided at the discretion of the employer and are not mandated by local, state, or federal governments. Such benefits may include (but are not limited to) health insurance, profit sharing, and retirement benefits or stock options.

- Non-Discretionary - Non-discretionary costs are those related to employment expenditures that are mandated by local, State, and Federal governments and are not optional to the employer. Such expenditures include (but are not limited to) FICA, FUTA, SUTA and workers' compensation insurance. Employee-related expenses vary for people who are self-employed and agency employees. Employer agencies bear the financial responsibility for workers' compensation, while self-employed workers are required to pay all federal income taxes.
3. *Program Supervision and Indirect Expenses:* Program Related costs are costs that have been assigned or cost allocated to DDP that are not Direct Care Wages; are not Direct Care Employee Related Expenses (DC ERE); and are not General & Administrative Costs (G&A). ***In other words Program Related costs are all the other DDP costs that are left after DDP costs are assigned or cost allocated to DC Wages, DC ERE, and G&A.*** Program Related costs can include but are not limited to the following:
- Training costs for all staff.
 - Supervision of direct care staff (salary and benefits) and all other supervision costs (salary, benefits, and office costs) other than the CEO, CFO, & HRO.
 - Qualified mental retardation professionals, registered records technicians, and all other program and support staff and professionals (salary, benefits, and office costs) except for the CEO, CFO, & HRO.
 - Transportation costs for all staff except CEO, CFO, & HRO.
4. *General & Administrative Expenses:* General and Administrative costs are costs that have been assigned or cost allocated to DDP that are management and operating costs at the upper level of the provider organization and include but are not limited to the following:
- Executive Director's (CEO) salary and benefits and the costs of supporting the office of the CEO such as but not limited to phone, computer, and travel.
 - Chief Financial Officer's (CFO) salary and benefits and the costs of supporting the office of the CFO such as but not limited to phone, computer, and travel.
 - Human Resources Officer's (HRO) salary and benefits and the costs of supporting the office of the HRO such as but not limited to phone, computer, and travel.
 - The appropriate portion of insurance costs, depreciation, interest, taxes, etc that have been cost allocated to CEO, CFO, & HRO activities.

REIMBURSEMENT RATE GEOGRAPHICAL FACTORS: In addition to the standardized cost centers, geographical factors are applied for residential habilitation and day habilitation services; economy-of-scale and holiday factors are applied to residential habilitation. These factors are as follow:

1. *Geographical factor:* Geographical cost adjustment factors consider the cost of living, employment compensation, cost of housing, and labor market trends. Based upon these factors, geographical cost adjustments are provided for residential and day habilitation providers in the following counties
 - Two (2) Percent add-on: Cascade, Flathead, Carbon, Hill, Sweet Grass

- Four (4) Percent add-on: Gallatin, Missoula, Yellowstone, Lewis & Clark, Stillwater, Jefferson
2. *Economy-of-Scale factor:* Economy-of-scale factors are used to adjust provider reimbursement for general & administrative (G&A) and program-related (PR) costs for agencies of different sizes. Specifically, these cost factors are adjusted for habilitation providers as follows:
- Providers offering community home services in one (1) to six (6) sites within the region – no adjustment.
 - Providers offering community home services in seven (7) to seventeen (17) sites within the region – 2% reduction in G&A and 2% reduction in PRE.
 - Providers offering community home services in eighteen (18) or more sites – 4% reduction in PRE and 2% reduction in G&A.
 - Specific economy of scale factors are applied to very small providers of Supported Living and Day Program services.

**DEVELOPMENTAL DISABILITIES PROGRAM
HOME & COMMUNITY-BASED SERVICES 0208 WAIVER POLICIES
REFERENCE TABLE #1 AND TABLE #2**

DRAFT For FY 2009 JULY 1, 2008 – JUNE 30, 2009

The following services should be used in conjunction with the Approved Waiver and other service planning documents such as the Qualified Provider Standards, DDP Provider Contract, Career Plan, PSP, IP, IFSP, Cost Plan, and Interim Policy for HCBS Waiver Adult Habilitation.

**Notes a new service approved retroactively to 7/1/07 per CMS approval in April 2008. Retroactive billing is optional.

Table #1: Service Definitions, Billable Units, and Reimbursement Rates

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
Residential Community Home (small / no geographic factor)	Residential habilitation services are designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in HCBS settings. Residential habilitation is provided to an individual wherever he or she lives. Settings may include group homes, foster homes, congregate and non-congregate living apartments and natural homes. All facilities covered by Section 1616(e) of the Act comply with state licensing standards that meet the requirements of 45 CFR Part 1397. Board and room is not a covered service. Individuals serviced are responsible for paying for board and room through other funding sources such as Supplemental Security Income (SSI). The plan of care, based upon the results of a formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed. The plan of care (PSP or Individual Family Service Plan for children) also specifies the appropriate residential setting in which the services will be provided. Training is provided in basic self-help skills, home and community living skills, leisure and social skills. Support is provided as necessary for the care of the individual. Each training objective is specified in the plan of care, and is clearly related to the individual's long term goal and is not simply busywork or diversionary in nature.	Daily	The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs). Each service recipient is responsible to pay for their percentage share of staff (their daily	The daily rate calculation is: ICP daily staff hours X \$18.71 (hourly rate for direct care staff) Each service recipient is responsible to pay for their share of authorized hours as defined in their ICP for each day they receive residential habilitation services

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
	<p>Clarifications of waiver definition: "Support" includes general care giving activities such as assistance with daily living activities, meal preparation, laundry, transportation, supervision, community integration, and may include meetings or phone calls on behalf of the individual in service. One or more staff activities providing support, training or actions specified in the individual's care plan constitutes billable activities.</p> <p>Rates for this service are for providers offering between one (1) to six (6) sites in a region, and which the sites are located in communities not eligible for a geographic adjustment.</p>		rate) for each day they receive any residential habilitation services.	
Residential Community Home (medium / no geographic factor)	Same as above with exception: Rates for this service are for providers offering between seven (7) to seventeen (17) in a region, and which the sites are located in communities not eligible for a geographic adjustment.	Daily	<p>The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs).</p> <p>Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any residential habilitation services.</p>	<p>The daily rate calculation is: ICP daily staff hours X \$18.03 (hourly rate for direct care staff)</p> <p>Each service recipient is responsible to pay for their share of authorized hours as defined in their ICP for each day they receive residential habilitation services</p>

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
Residential Community Home (large / no geographic factor)	Same as above with exception: Rates for this service are for providers offering eighteen (18) or more sites in a region, and which the sites are located in communities not eligible for a geographic adjustment	Daily	<p>The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs).</p> <p>Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any residential habilitation services.</p>	<p>The daily rate calculation is: ICP daily staff hours X \$17.59 (hourly rate for direct care staff)</p> <p>Each service recipient is responsible to pay for their share of authorized hours as defined in their ICP for each day they receive residential habilitation services</p>
Residential Community Home (small / medium geographic factor)	Same as above with exception: Rates for this service are for providers offering between one (1) to six (6) sites in a region which the sites are located in communities which are eligible for a medium geographic adjustment.	Daily	<p>The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their Individual Cost</p>	<p>The daily rate calculation is: ICP daily staff hours X \$19.09 (hourly rate for direct care staff)</p> <p>Each service recipient is</p>

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
			Plans (ICPs). Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any residential habilitation services.	responsible to pay for their share of authorized hours as defined in their ICP for each day they receive residential habilitation services
Residential Community Home (medium / medium geographic factor)	Same as above with exception: Rates for this service are for providers offering between seven (7) to seventeen (17) in a region which the sites are located in communities which are eligible for a medium geographic adjustment.	Daily	The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs). Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any residential	The daily rate calculation is: ICP daily staff hours X \$18.39 (hourly rate for direct care staff) Each service recipient is responsible to pay for their share of authorized hours as defined in their ICP for each day they receive residential habilitation services

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
			habilitation services.	
Residential Community Home (large / medium geographic factor)	Same as above with exception: Rates for this service are for providers offering eighteen (18) or more sites in a region which the sites are located in communities which are eligible for a medium geographic adjustment	Daily	<p>The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs).</p> <p>Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any residential habilitation services.</p>	<p>The daily rate calculation is: ICP daily staff hours X \$17.93 (hourly rate for direct care staff)</p> <p>Each service recipient is responsible to pay for their share of authorized hours as defined in their ICP for each day they receive residential habilitation services</p>
See below			<p>The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support</p>	<p>The daily rate calculation is: ICP daily staff hours X \$19.45 (hourly rate for</p>

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
Residential Community Home (small / high geographic factor)	Same as above with exception: Rates for this service are for providers offering between one (1) to six (6) sites in a region, and which the sites are located in communities which are eligible for a high geographic adjustment.	Daily	for the service recipients as defined by their Individual Cost Plans (ICPs). Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any residential habilitation services.	direct care staff) Each service recipient is responsible to pay for their share of authorized hours as defined in their ICP for each day they receive residential habilitation services
Residential Community Home (medium / high geographic factor)	Same as above with exception: Rates for this service are for providers offering between seven (7) to seventeen (17) sites in a region, and which the sites are located in communities which are eligible for a high geographic adjustment	Daily	The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs). Each service recipient is responsible to pay for their percentage share	The daily rate calculation is: ICP daily staff hours X \$18.76 (hourly rate for direct care staff) Each service recipient is responsible to pay for their share of authorized hours as defined in their ICP for each day

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
			of staff (their daily rate) for each day they receive any residential habilitation services.	they receive residential habilitation services
Residential Community Home (large / high geographic factor)	Same as above with exception: Rates for this service are for providers offering eighteen (18) or more sites in a region, and which the sites are located in communities which are eligible for a high geographic adjustment.	Daily	<p>The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs).</p> <p>Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any residential habilitation services.</p>	<p>The daily rate calculation is: ICP daily staff hours X \$18.28 (hourly rate for direct care staff)</p> <p>Each service recipient is responsible to pay for their share of authorized hours as defined in their ICP for each day they receive residential habilitation services</p>
Residential Community Home (Medically			The amount billed per person per day is based	The daily rate

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
Intensive / no geographic factor)	Same as above with exception: Rates for this service are for sites where 24/7 LPN or RN are required on site and located communities not eligible for a geographic adjustment.	Daily	on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs). Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any residential habilitation services.	calculation is: ICP daily staff hours X \$23.88 (hourly rate for direct care staff) Each service recipient is responsible to pay for their share of authorized hours as defined in their ICP for each day they receive residential habilitation services
Residential Community Home (Medically Intensive/ Medium geographic factor)	Same as above with exception: Rates for this service are for sites where 24/7 LPN or RN are required on site and located in communities that are eligible for a medium geographic adjustment.	Daily	The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs). Each service	The daily rate calculation is: ICP daily staff hours X \$24.38 (hourly rate for direct care staff) Each service recipient is responsible to pay for their share of authorized hours as defined in their

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
			recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any residential habilitation services.	ICP for each day they receive residential habilitation services
Residential Community Home (Medically Intensive / high geographic factor	Same as above with exception: Rates for this service are for sites where 24/7 LPN or RN are required on site and located in communities that are eligible for a high geographic adjustment.	Daily	<p>The amount billed per person per day is based on the average amount of time direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs).</p> <p>Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any residential habilitation services.</p>	<p>The daily rate calculation is: ICP daily staff hours X \$24.83 (hourly rate for direct care staff)</p> <p>Each service recipient is responsible to pay for their share of authorized hours as defined in their ICP for each day they receive residential habilitation services</p>

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
Residential Community Home (Children's Group Home / no geographic adjustment)	Same as above with exception: Rates for this service are for Children's Group Home sites in communities that are eligible for no geographic adjustment.	Daily	<p>The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs).</p> <p>Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any residential habilitation services.</p>	<p>The daily rate calculation is: ICP daily staff hours X \$20.36 (hourly rate for direct care staff)</p> <p>Each service recipient is responsible to pay for their share of authorized hours as defined in their ICP for each day they receive residential habilitation services</p>
Residential Community Home (Children's Group Home / high geographic adjustment)	Same as above with exception: Rates for this service are for Children's Group Home sites in communities that are eligible for a high geographic adjustment.	Daily	<p>The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their</p>	<p>The daily rate calculation is: ICP daily staff hours X \$21.18 (hourly rate for direct care staff)</p> <p>Each service recipient is</p>

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
			Individual Cost Plans (ICPs). Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any residential habilitation services.	responsible to pay for their share of authorized hours as defined in their ICP for each day they receive residential habilitation services
Supported Living Hourly / no geographic factor	<p>Residential habilitation services are designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in HCBS settings. Residential habilitation is provided to an individual wherever he or she lives. Settings may include group homes, foster homes, congregate and non-congregate living apartments and natural homes. All facilities covered by Section 1616(e) of the Act comply with state licensing standards that meet the requirements of 45 CFR Part 1397. Board and room is not a covered service. Individuals serviced are responsible for paying for board and room through other funding sources such as Supplemental Security Income (SSI). The plan of care, based upon the results of a formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed. The plan of care (PSP or Individual Family Service Plan for children) also specifies the appropriate residential setting in which the services will be provided. Training is provided in basic self-help skills, home and community living skills, leisure and social skills. Support is provided as necessary for the care of the individual. Each training objective is specified in the plan of care, and is clearly related to the individual's long term goal and is not simply busywork or diversionary in nature.</p> <p>Clarifications of waiver definition: : "Support" includes general care giving activities such as assistance with daily living activities, meal preparation, laundry,</p>	Direct care Staff Hour	Based upon the <u>amount of time</u> direct care staff provides supports to recipients - for IFES or persons needing more than 45 hours of service per month.	\$ 19.64

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
	<p>transportation, supervision, community integration, and may include meetings or phone calls on behalf of the individual in service. One or more staff activities providing support, training or actions specified in the individual's care plan constitutes billable activities.</p> <p>Rates for this hourly service are for services delivered in communities not eligible for a geographic add-on, and for children in IFES or individuals needing an average of more than 45 hours of supported living services per month.</p>			
Supported Living Hourly / medium geographic factor	Same as above with exception: Rates for this service are for services delivered in counties which are eligible for a medium geographic adjustment.	Direct care Staff Hour	Based upon the <u>amount of time</u> direct care staff provides support to service recipients - for IFES or persons needing more than 45 hours of service per month.	\$ 20.03
Supported Living Hourly / high geographic factor	Same as above with exception: Rates for this service are for services delivered in counties which are eligible for a high geographic adjustment.	Direct care Staff Hour	Based upon the <u>amount of time</u> direct care staff provides support to service recipient- for IFES persons needing more than 45 hours of service per month.	\$ 20.42

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
Supported Living Hourly / Rural Remote	Same as above with exception: Rates for this service are for services delivered in remote locations that take at least 1.5 hours round trip to access the service.	Direct care Staff Hour	Based upon the <u>amount of time</u> direct care staff provides support for service recipient- for persons needing more than 45 hours of service per month.	\$21.44
Supported Living Flex	Same as above with exception: Rates for this service are for individuals with supported living needs that vary significantly each month (e.g. between thirty-one (31) to forty-five (45) hours of support) and must include at least TWO face-to-face contacts during the hours provided. There is no geographic adjustment.	Enrollment Month	Based upon the <u>amount of time</u> direct care staff provide support for service recipient - for persons needing between 31 to 45 hours of service per month.	\$897.06
Supported Living Base	Same as above with exception: Rates for this service are for individuals with supported living needs that vary significantly each month (e.g. between one (1) and thirty (30) hours of support) and must include at least ONE face-to-face contact during the hours provided. There is no geographic adjustment.	Enrollment Month	Based upon the <u>amount of time</u> direct care staff provide support for service recipient - for persons needing between 1 to 30 hours of service per month.	\$ 598.04

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
Supported Living (Small Agency/ no geographic factor)	Same service definition as Supported Living Hourly with exception: Rates for this service are for very small providers who support less than 10 clients, who employ 12 or fewer direct care staff, and whose Director routinely provides some of the direct support hours every week. Rates for this service are for services delivered in communities not eligible for a geographic add-on, and for individuals needing an average of more than 45 hours of supported living services per month.	Direct Care Staff Hour	Based upon the <u>amount of time</u> direct care staff provides support for service recipient- for persons needing more than 45 hours of service per month.	\$26.00
Supported Living (Small Agency/ medium geographic factor)	Same service definition as Supported Living Hourly with exception: Rates for this service are for very small providers who support less than 10 clients, who employ 12 or fewer staff, and whose Director's routinely provides some of the direct support hours every week. Rates for this service are for services delivered in communities eligible for a medium geographic add-on, and for individuals needing an average of more than 45 hours of supported living services per month.	Direct Care Staff Hour	Based upon the <u>amount of time</u> direct care staff provides support for service recipient- for persons needing more than 45 hours of service per month.	\$26.52
Supported Living (Small Agency/ high geographic factor)	Same service definition as Supported Living Hourly with exception: Rates for this service are for very small providers who support less than 10 clients, who employ 12 or fewer staff, and whose Director's routinely provides some of the direct support hours every week. Rates for this service are for services delivered in communities eligible for a high geographic add-on, and for individuals needing an average of more than 45 hours of supported living services per month.	Direct Care Staff Hour	Based upon the <u>amount of time</u> direct care staff provides support for service recipient- for persons needing more than 45 hours of service per month.	\$27.04

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
**Residential Training Supports (no geographic factor)	<p>Residential Training Supports provides participants with specific, individually designed and coordinated training in a licensed adult foster home setting. The individual receives training to increase independence in health care, self care, safety and access to and use of community services. The individual plan of care, based upon the results of formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed. Each training objective is specified in the plan of care (IP) and is clearly related to the individual's long term goal and is not simply busywork or diversional in nature.</p> <p>This training will be delivered by staff meeting the qualified provider standards for residential training support. Residential training supports delivered in the context of an adult foster home will be invoiced, reimbursed and reported as a separate service, and rolled back into the adult foster support service for the purpose of Federal reporting.</p> <p>If the foster care provider is providing this service, the adult foster care provider will be an employee of an agency with a DDP contract, authorized to provide Residential Training Supports. All the standards outlined for Residential Training Supports will apply.</p> <p>Rates for this service are for services delivered in communities not eligible for a geographic add-on.</p>	Direct Care Staff Hour	Based upon the <u>amount of time</u> qualified staff provide support for service recipient	\$19.64
**Residential Training Supports (medium geographic factor)	Same as above, with exception: Rates for this service are for services delivered in communities not eligible for a medium geographic add-on.	Direct Care Staff Hour	Based upon the <u>amount of time</u> qualified staff provide support for service recipient	\$20.03
**Residential Training Supports (high geographic factor)	Same as above, with exception: Rates for this service are for services delivered in communities not eligible for a high geographic add-on.	Direct Care Staff Hour	Based upon the <u>amount of time</u> qualified staff provide support for service recipient	\$20.42

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
**Residential Training Supports (Small Agency/ no geographic factor)	Same as above, with exception: Rates for this service are for very small contracting providers who support less than 10 DD clients, who employ 12 or fewer direct care staff, and whose Director routinely provides some of the direct support hours every week. Rates for this service are for services delivered in communities not eligible for a geographic add-on, and for individuals receiving adult foster support services.	Direct Care Staff Hour	Based upon the <u>amount of time</u> qualified staff provide support for service recipient	\$26.00
**Residential Training Supports (Small Agency/ medium geographic factor)	Same as above, with exception: Rates for this service are for very small contracting providers who support less than 10 DD clients, who employ 12 or fewer direct care staff, and whose Director routinely provides some of the direct support hours every week. Rates for this service are for services delivered in communities eligible for a medium geographic add-on, and for individuals receiving adult foster support services.	Direct Care Staff Hour	Based upon the <u>amount of time</u> qualified staff provide support for service recipient	\$26.52
**Residential Training Supports (Small Agency/ High geographic factor)	Same as above, with exception: Rates for this service are for very small contracting providers who support less than 10 DD clients, who employ 12 or fewer direct care staff, and whose Director routinely provides some of the direct support hours every week. Rates for this service are for services delivered in communities eligible for a medium geographic add-on, and for individuals receiving adult foster support services.	Direct Care Staff Hour	Based upon the <u>amount of time</u> qualified staff provide support for service recipient	\$27.04

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
**Adult Foster Support (Low Supervision)	<p>This service pays for supervision and support by a principal care giver licensed as an adult foster care provider who lives in the home.</p> <p>Skill acquisition training, if needed, will be provided in the adult foster home in accordance with assessed needs and desires of the individual as outlined in the plan of care. This training will be delivered by staff meeting the qualified provider standards for residential training support. The RTS service recipient receives training to increase independence in health care, self care, safety and access to and use of community services. The individual plan of care, based upon the results of formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed. Each training objective is specified in the plan of care and is clearly related to the individual's long term goal and is not simply busywork or diversional in nature. Residential training supports delivered in the context of an adult foster home will be invoiced, reimbursed and reported as a separate service.</p> <p>Separate payment is not made for homemaker or chore services furnished to a participant receiving adult foster care services, since these services are integral to and inherent in the provision of adult foster care services.</p> <p>Payments for adult foster support are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. Payment for adult foster support does not include payments made, directly or indirectly, to members of the participant's immediate family.</p> <p>Provision has been made in the AFS qualified provider standards for the Adult Foster Care Provider to provide AFS only, or both AFS and Residential Training and Supports. In the event the AFS provider is not qualified to provide RTS, RTS will be made available by a qualified employee of an agency with a DDP contract.</p>	Enrollment Month	Based upon the amount of supervision hours to provide support for service recipient needing an average of 1 to 2 supervision hours per day	\$639.50 per month. Provider can retain up to a 15% administrative charge.
**Adult Foster Support (Moderate Supervision)	Same as above with increased supervision hours in Definition of Unit column.	Enrollment Month	Based upon the amount of supervision hours to provide support for service recipient needing an	\$1123.49 per month. Provider can retain up to a 15% administrative charge.

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
			average of 2 to 3.5 supervision hours per day	
Adult Foster Support (Enhanced Supervision)	Same as above with increased supervision hours in Definition of Unit column.	Enrollment month	Based upon the amount of supervision hours to provide support for service recipient needing an average of 3.6 to 7.5 supervision hours per day	\$1921.19 per month. Provider can retain up to a 15% administrative charge.
Adult Foster Support (Intensive Supervision)	Same as above with increased supervision hours in Definition of Unit column.	Enrollment Month	Based upon the amount of supervision hours to provide support for service recipient needing an average of over 7.6 supervision hours per day	\$3973.76 per month. Provider can retain up to a 15% administrative charge.
**Caregiver Training and Support monthly	Caregiver training and support are services for individuals who provide unpaid support, training, companionship or supervision to participants. For purposes of this service, individual is defined as any person, family member, neighbor, friend, companion, or co-worker who provides uncompensated care, training, guidance, companionship or support to a person served on the waiver. This service may not be provided in order to train paid caregivers. Training includes instruction about treatment regimens and other services included in the service plan, use of equipment specified in the service plan, and includes updates as necessary to safely maintain the participant at home. Support must be aimed at assisting the unpaid caregiver in meeting the needs of the participant. All training for individuals who provide unpaid support to the participant must be included in the	Enrollment	Based upon the <u>amount of time</u> of qualified staff support for service recipients needing an	\$255.18

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
	<p>participant's service plan.</p> <ul style="list-style-type: none"> • Training furnished to persons who provide uncompensated care and support to the participant must be directly related to their role in supporting the participant in areas specified in the service plan. • Counseling similarly must be aimed at assisting unpaid individuals who support the participant to understand and address participant needs. • FFP is available for the costs of registration and training fees associated with formal instruction in areas relevant to participant needs identified in the service plan. FFP is not available for the costs of travel, meals and overnight lodging to attend a training event or conference. <p>This service is only available to persons living in a family setting or private non-congregate residence where support and supervision is provided by unpaid care givers. It is not available to persons living in group homes, assisted living facilities, or foster homes when the foster care provider is paid for support and supervision. CTS cannot duplicate case management.</p> <p>This monthly service is for individuals who need an average of up to 7 hours of this service, including at least ONE face-to-face contact provided during those hours. The face-to-face contact for CTS cannot be counted on the same day as a face-to-face contact for Waiver Children's Case Management.</p> <p>There is no geographic adjustment for this service.</p>	month	average of less than 7 hours of support a month	
**Caregiver Training and Support Hourly	Same as above with exception: This is intended for individuals who need an average of more than 7 hours of this service per month.	Hourly	Based upon the <u>amount of time</u> of qualified staff support for service recipients needing an average more than 7 hours of support a month.	\$38.73

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
Assisted Living	<p>Payments for services rendered in a licensed assisted living facility, including personal care, homemaker services, medication oversight, social and recreation activities, 24 hour on site response staff to meet the unpredictable needs of recipients and supervision for safety and security. Separate payment will not be made for those services integral to and inherent in the provision of the personal care facility service.</p> <p>This service is targeted only for those individuals with developmental disability who function as elderly due to age and/or specific handicapping condition and/or physically handicapping conditions or impairment precluding placement in a less restrictive setting. Persons with Developmental Disabilities will have similar handicapping conditions to other persons in this service, generally this means persons who would otherwise be unable to safely and cost effectively remain at home. Persons in this service are not precluded from attending DD waiver-funded work/day or supported employment options.</p> <p>Separate payment is not made for homemaker or chore services or personal care services furnished to a participant receiving assisted living services, since these services are integral to and inherent in the provision of assisted living services. Residential training supports and residential habilitation are not available to a person residing in an assisted living setting.</p>	Enrollment month	Based upon the <u>amount of time</u> direct care staff provide support for service recipient	Use current Developmental Disabilities worksheet to determine monthly amount, not to exceed the capped amount per month. Up to a 15% admin fee is allowed.
Personal Care	<p>Personal care services include assistance with personal hygiene, dressing, eating, ambulatory needs of the individual, performance of household tasks incidental to the person's health care needs or otherwise necessary to contribute to maintaining the individual at home, and supervision for health and safety reasons. This service is not available in a group home setting. RN supervision of the worker is not required under this waiver. This service is available in the Waiver only if the scope, amount, or duration of Medicaid State Plan Personal Care is insufficient in meeting the needs of the recipient.</p>	Direct care Staff Hour	Based upon the <u>amount of time</u> direct care staff provide support for service recipient	\$ 17.75

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
Homemaker	Homemaker services consist of general household activities provided by a homemaker when the person regularly responsible for these activities is unable to manage the home and care for himself / herself or others in the home, or is engaged in providing habilitation and support services to the individual with disabilities. Services in this program include meal preparation, cleaning, simple household repairs, laundry, shopping for food and supplies and routine household care. Homemaker services are not available under the State Plan. This service is not available in residential settings in which primary care is funded 24/7 by DDP (e.g. group homes and assisted living facilities).	Direct care Staff Hour	Based upon the <u>amount of time</u> direct care staff provide support for service recipient	\$ 17.75
Adult Companion	<p>Non-medical care, supervision and socialization, provided to a functionally impaired individual. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.</p> <p>Companion services are not available to persons receiving 24/7 DDP waiver funded supports and supervision (e.g., persons residing in a DD group home or in assisted living).</p> <p>**Clarification of waiver definition – if the setting already provides for 24/7 care, then the additional provision of adult companion cannot be used, usually in a licensed setting or in a 24/7 supported living situation. Adult companion can be a component of 24/7 support if other hours of support are decreased (eg: instead of 24 hours of res hab, you have 12 hours of companion and 12 hours of res hab).</p>	Direct Care Staff Hour	Based upon the <u>amount of time</u> direct care staff provide support for service recipient	\$17.75
Respite Care	Respite care includes any services (e.g. traditional respite hours, recreation or leisure activities for the recipient and care giver, summer camp) designed to meet the safety and daily care needs of the recipient and the needs of the recipient's care giver in relation to reducing stress generated by the provision of constant care to the individual receiving services. These services are selected in collaboration with the parents and are provided by persons chosen and trained by the family. Persons providing respite services will be in compliance with all	Direct care Staff Hour	Based upon the <u>amount of time</u> direct care staff provide support for service	\$ 12.96

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
	<p>state and federal respite standards. Respite services are delivered in conformity with an individualized plan of care. The amount and frequency of respite care (with the exception of emergencies) is included in each individual's plan of care. FFP (Federal Financial Participation) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.</p> <p>Respite is only available to primary caregivers in family settings, including adult foster homes. Respite is available when a primary caregiver is not compensated for providing some or all of the support or supervision needed by the client.</p>		recipient	
Respite Other	Same as above with exception in rate.	Service Hour	Based on amount of supports are provided to the service recipient	Negotiated hourly wage plus \$1.95 per hour for administrative fee to DDP contracting agency, not to exceed the respite care rate.
Work Program – Individual Supported Employment	<p>Supported employment is for persons with developmental disabilities who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment provides the opportunity to work for pay in regular employment, integrate with non-disabled persons who are not paid care givers, and receive long-term support services in order to retain employment. The service is designed for individuals with developmental disabilities facing severe impediments to employment due to the nature and complexity of their disabilities.</p> <p>Supported employment may include pre-placement, job market analysis / development, job matching / screening, job placement / training, ongoing assessment and support, and transportation. Supported employment will only be funded under the waiver when not available under Section 110 of the Rehabilitation Act of 1973, as amended, (19 U.S.C. 730).</p> <p>For billing purposes, a contact may involve telephone calls, visits, meetings, and any other form of communication with the consumer or on behalf of the consumer for the purpose of implementing the consumer's personal supports plan / individual career plan. In addition to the consumer, these contacts can be</p>	Enrollment Month	Based upon the <u>amount of time</u> direct care staff provide support for service recipient in	<p>Base = \$350.07</p> <p>Tier 1 = \$700.14</p> <p>Tier 2 = \$1,050.21</p> <p>Exceptional Rate = \$33.34 per hour</p>

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
	<p>with current or potential employers, consumer co-workers, and / or family members. A face-to-face contact involves direct observation and communication with the consumer for the purpose of implementing the consumer's personal supports plan / individual career plan. This contact may occur in a variety of settings. Individual Service Plan meetings are considered part of the supported employment services and count as one contact on behalf of the consumer, or as a face to face contact if the consumer is present.</p> <p>For the BASE rate, Consumers receive <u>up to 10.5 hours of job coach time per month and at least one (1) contact</u> either with the consumer <u>or</u> on their behalf regarding their employment during the hours provided. There is capacity to provide up to 10 contacts per month within the base level. Job coach activities consist of: ongoing assessment and support, monitoring the status of the job environment and the employee, providing interventions as needed to maintain job placement, and may include job development.</p> <p>For TIER #1, Consumers receive from <u>11 up to 21 hours of job coach time per month and at least 2 face-to-face contacts during the hours provided</u>. Job coach activities must include job development, screening, training (on & off job site), placement activities or ongoing interventions as needed in addition to on-going monitoring.</p> <p>For TIER #2, Consumers receive from <u>22 up to 31 hours of job coach time per month and at least 5 face-to-face contacts per month</u> during the hours provided. Job coach activities must include job development, screening, training (on & off job site), placement activities or ongoing interventions as needed in addition to on-going monitoring.</p> <p>Consumers who require in excess of 31 hours per month of job coach time are considered EXCEPTION, and their Level of support is based upon the individual career plan.</p> <p>Providers can invoice for both Supported Employment and Day Program simultaneously. However when the individual receives both Work or Day Activity and Supported Employment services, providers may only invoice a Supported Employment unit IF the individual works an average of 20 or more hours per week in individual community employment.</p>		supported employment	

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
Work or Day Activity Program – no geographic factor	<p>Day habilitation services are designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in HCBS settings. Day habilitation is provided in day programs and includes support and functional training in the use of community services, basic life skills, appropriate behavior for the workplace and appropriate social behaviors. Habilitation services do not include special education and related services (as defined in Section 4(a) of the 1975 Amendments to the Education of the Handicapped Act (20 U.S.C. 1401(16), (17) which otherwise are available to the individual through a state or local educational agency and vocational rehabilitation services which otherwise are available to the individual through a program funded under Section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730). The Personal Supports Plan (PSP), based upon the results of a formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed. Work / day programs offer individualized services based on the support needs of service recipients. Persons served in work / day settings may include persons with pre-vocational skill training needs, persons who function as elderly with skill maintenance and social / leisure activity needs and persons with very significant behavior, self-help or medical challenges who require enriched staffing ratios to meet habilitation and support goals. In some cases, individuals with varying service needs may be served under one roof, with staffing ratios and habilitation goals individualized to meet the needs of the recipients. Services include pre-vocational services, senior day services, and intensive adult habilitation programs. (see waiver for details on voc, senior day, and intensive hab) Training and support is provided in a highly structured environment, by staff that is knowledgeable in the skills of behavior management. Training focuses on the behaviors necessary to maintain the individual in the community –based service system and, if possible, move to a less restrictive setting.</p> <p>Rates for this service are for providers services which are located in communities which are not eligible for a geographic adjustment.</p> <p>Providers can invoice for both Supported Employment and Day Program simultaneously. However when the individual receives both Work or Day Activity and Supported Employment services, providers may only invoice Work/Day Activity when the individual works less than an average of 20 hours per week in individual community employment.</p>	Daily	<p>The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs).</p> <p>Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any day/work habilitation services.</p>	<p>The daily attendance rate is: ICP daily staff hours X \$12.96 (attendance hourly rate for direct care staff)</p> <p>Each service recipient is responsible to pay for their share of authorized hours as defined by their ICP for each day they receive day/work habilitation services.</p> <p>In addition, each person will pay their share of program support depending on their planned attendance at \$6.32 (program support rate)</p>

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
Work or Day Activity Program - medium geographic factor	Same as above with exception: Rates for this service are for providers services which are located in communities which are eligible for a medium geographic adjustment.	Daily	<p>The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs).</p> <p>Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any day/work habilitation services.</p>	<p>The daily attendance rate is: ICP daily staff hours X \$13.22 (attendance hourly rate for direct care staff)</p> <p>Each service recipient is responsible to pay for their share of authorized hours as defined by their ICP for each day they receive day/work habilitation services.</p> <p>.</p> <p>In addition, each person will pay their share of program support depending on their planned attendance at \$6.45 (program support rate)</p>
			<p>The amount billed per person per day is based on the average <u>amount of time</u> direct care staff</p>	<p>The daily attendance rate is: ICP daily staff hours X \$13.48 (attendance hourly rate for direct care</p>

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
Work or Day Activity Program - high geographic factor	Same as above with exception: Rates for this service are for providers services which are located in communities which are eligible for a high geographic adjustment.	Daily	provide support for the service recipients as defined by their Individual Cost Plans (ICPs). Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any day/work habilitation services.	staff) Each service recipient is responsible to pay for their share of authorized hours as defined by their ICP for each day they receive day/work habilitation services. In addition, each person will pay their share of program support depending on their planned attendance at \$6.57 (program support rate)
SMALL Work or Day Activity Program – no geographic factor	Same as above with exception: Rates for this service are for small providers (under 25 people in the DD day program) services which are located in communities which are not eligible for a geographic adjustment.	Daily	The amount billed per person per day is based on the average amount of time direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs). Each service	The daily rate is: ICP daily staff hours X \$12.96 (attendance hourly rate for direct care staff) Each service recipient is responsible to pay for their share of authorized hours as defined by their ICP for each day they

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
			recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any day/work habilitation services.	receive day/work habilitation services. Each person will pay their share of program support depending on their planned attendance at \$7.53 (program support rate)
SMALL Work or Day Activity Program - medium geographic factor	Same as above with exception: Rates for this service are for small provider (under 25 people in DD day program) services which are located in communities which are eligible for a medium geographic adjustment.	Daily	The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs). Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any day/work habilitation services.	The daily rate is: ICP daily staff hours X \$13.22 (attendance hourly rate for direct care staff) Each service recipient is responsible to pay for their share of authorized hours as defined by their ICP for each day they receive day/work habilitation services. Each person will pay their share of program support depending on their planned attendance at \$7.68 (program

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
				support rate)
SMALL Work or Day Activity Program - high geographic factor	Same as above with exception: Rates for this service are for small provider (under 25 people in DD day program) services which are located in communities which are eligible for a high geographic adjustment.	Daily	<p>The amount billed per person per day is based on the average <u>amount of time</u> direct care staff provide support for the service recipients as defined by their Individual Cost Plans (ICPs).</p> <p>Each service recipient is responsible to pay for their percentage share of staff (their daily rate) for each day they receive any day/work habilitation services.</p>	<p>The daily rate is: ICP daily staff hours X \$13.48 (attendance hourly rate for direct care staff)</p> <p>Each service recipient is responsible to pay for their share of authorized hours as defined by their ICP for each day they receive day/work habilitation services.</p> <p>Each person will pay their share of program support depending on their planned attendance at \$7.83 (program support rate)</p>
Waiver Children's Case Management (WCCM) monthly	<p>Waiver funded children's case management (WCCM) services are services furnished to assist individuals in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:</p> <p>Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services.</p> <p>**Development (and periodic revision) of a specific care plan.</p> <p>**Referral and related activities.</p> <p>**Monitoring and follow-up activities.</p>			\$255.18 per month

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
	<p>Case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.</p> <p>For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community: Case management services are coordinated with and do not duplicate activities provided as a part of institutional services and discharge planning activities. Billing for services is limited to a maximum of 60 days prior to the HCBS placement, and provider reimbursement follows the waiver enrollment.</p> <p>Level of care activities: Case management is responsible for assisting the Department, as requested, in scheduling meetings and providing information as requested to Department staff responsible for completing initial and ongoing level of care activities.</p> <p>Crisis Supports: Case management will provide assistance to the recipient and family, as necessary, in locating suitable alternative placement when the individual's health or safety is at risk.</p> <p>Case Management does not include the following:</p> <ul style="list-style-type: none"> • Case management activities that are an integral component of another covered Medicaid service; • The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred. • Activities integral to the administration of foster care programs; • Activities, for which an individual may be eligible, that are integral to the administration of another non-medical program, except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Social Security Act. <p>Waiver-funded children's case management services are available to persons from 0 through 21 years of age, inclusive.</p> <p>At least one face-to-face contact when both the individual in service and parent or guardian are present IN THE HOME SETTING, is required to bill the monthly unit. The face-to-face contact must occur on a separate day than a Caregiver</p>	Enrollment Month	Based on case management services by FSS staff, including at least one face-to-face contact a month	

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
	Training Support face-to-face contact.			
Individual Goods and Services	<p>Individual Goods and Services are services, supports or goods that enhance opportunities to achieve outcomes related to living arrangements, relationships, inclusion in the community and work as clearly identified and documented in the service plan. Items or services under individual goods and services fall into the following categories:</p> <p>Membership Fees: fitness memberships, tuition/classes, summer day programs, social membership (for example: Sierra Club, outdoor clubs, rotary club, friendship clubs and girl scouts) and socialization supports (for example: fees associated with participating in Special Olympics and community events such as the annual pancake breakfast, community picnics, fairs, art shows and cultural events and</p> <p>**Devices/Supplies: batteries for hearing aids and batteries for assistive technology devices, nutritional supplements, diapers, instructional supplies, instructional books and computers.</p> <p>Items covered under individual goods and services must meet the following requirements:</p> <p>--The item or service is designed to meet the participant's functional, medical or social needs and advance the desired outcomes in his/her plan of care;</p> <p>--The item or service is not prohibited by Federal or State statutes or regulations;</p> <p>--One or more of the following additional criteria are met:</p> <p>A) The item or service would increase the participants functioning related to the disability;</p> <p>B) The item or service would increase the participants safety in the home environment; or</p> <p>C) The item or service would decrease dependence on other medicaid services;</p> <p>- The item or service is not available through another source; and</p> <p>- The service does not include experimental goods/services.</p> <p>Recreational activities provided under Individual Goods and Services may be covered only to the degree that they are not diversional in nature and are included in a planning objective related to a specific therapeutic goal.</p>	Cost	Based on actual cost	Actual cost plus up to a 15% Administrative Fee

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
Transportation	<p>Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individuals plan of care. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge will be utilized.</p> <p>Legally responsible persons, relatives, legal guardians and other persons who are not employees of agencies with a DDP contract may be reimbursed for the provision of rides. In these cases, reimbursement will be less than or equal to the mileage rate set by the Department for a state employee operating a personal vehicle. The mileage rate is based on the operational expense of a motor vehicle and does not include reimbursement for work performed, or the driver's time. Reimbursement for rides provided by legally responsible persons or others must be related to the specific disability needs of a recipient, as outlined in the plan of care. Persons providing transportation must be licensed, insured and drive a registered vehicle, in accordance with the motor vehicle laws of the State of Montana. **Clarification – DDP uses the term Mileage Reimbursement for this type of transportation. Only miles with the individual present are billable.</p> <p>“Commute” to or from work/day: Individual's average based on miles. A monthly amount will be invoiced for each month a ride to work/day, from work/day, or roundtrip is provided to each individual. Individual must have DDP day program or work services to receive this allocation.</p> <p>Day Integration: A set monthly amount per 20 miles. One unit can be invoiced if one ride for integration as part of a work (SE) or day activity is given per month. Individual must have DDP day program or work services to receive this allocation.</p> <p>Residential Integration: A set weekly amount per 15 miles. Will be invoiced each week if one ride for integration as part of a residential habilitation activity is given per week. Individual must receive DDP residential services to receive this</p>	Per mile, per week, or per month	<p>Mileage reimbursement is based on actual miles</p> <p>Commute is defined as a ride to, from, or round trip to a work/day or supported employment service</p> <p>Day Integration is a ride to, from, or round trip as part of a supported employment or work/day activity</p> <p>Residential Integration is a</p>	<p>Mileage reimbursement – based on actual miles at State employee reimbursement per mile</p> <p>Commute – based on individual miles and 80.3 cents for individual rides, or 40.15 cents for group rides</p> <p>Day Integration – monthly amount per 20 miles at \$.505 per mile</p> <p>Residential Integration – weekly amount per 15 miles at \$.505 per mile</p>

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
	<p>allocation.</p> <p>**rate adjustments are applied to individual allocations for those who require specialized vans with wheelchair lifts in order for transportation to be delivered, and for individuals who participate in group rides vs. individual rides</p> <p>Under no circumstances will medically necessary transportation (transportation to medical services reimbursed under the State Plan) be reimbursed under the waiver if the service is reimbursable under State Plan transportation.</p> <p>Transportation services are not reimbursable in residential and work/day settings if the transportation service is folded into the rate. **Clarification – no other rates include transportation at this time.</p>		ride to, from, or round trip as part of a residential habilitation activity	Provider phase in factor is applied from July 1, 2008 – June 30, 2009.
Private Duty Nursing	<p>Private duty nursing service is to provide medically necessary nursing services to individuals when these services exceed the established Medicaid limits or are different from the service provided under the state plan. They will be provided where they are needed, whether in the home or in the individual's day activity setting. Services may include medical management, direct treatment, consultation, and training for the individual and/or his caregivers. Nursing services provided under the home health requirement of the state plan are limited and are only available to individuals considered home-bound and in need of acute nursing care. Nursing services other than direct treatment are not available through a home health agency. Waiver recipients, particularly those coming out of the state's ICF/MR programs, may be quite medically involved. State plan nursing services may only be provided in group homes or other places of residence, while some waiver beneficiaries need nursing services in day programs or otherwise outside the home. Nursing homes are no longer service options for the vast majority of people with developmental disabilities. Nursing services must be specified in the plan of care. It must be ordered in writing by the individual's physician and it must be delivered by a registered nurse (RN) or a licensed practical nurse (LPN). Waiver nursing services will be used after the home health nursing limits have been reached, or if the service required is different from that authorized under the state plan.</p>	Hour	Based upon the amount of time of nurse services	<p>\$ 27.02 (LPN)</p> <p>\$32.02 (RN)</p>

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
Environmental Modifications	Environmental modifications include those physical adaptations to the home (required in the individual's plan of care) which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. In addition, environmental modification services are measures that provide the recipient with accessibility and safety in the environment so as to maintain or improve the ability of the recipient to remain in community settings and employment. Environmental modifications may be made to a recipient's home or vehicle (wheelchair lift, wheelchair lock down device, adaptive driving controls, etc.) for the purpose of increasing independent functioning and safety or to enable family members or other care givers to provide the care required by the recipient. An environmental modification provided to a recipient must relate specifically to, an be primarily for, the recipient's disability, have utility primarily for a person who has a disability, not be an item or modification that a family would normally be expected to provide for a non-disabled family member, not be in the form of room and board or general maintenance, meet the specifications (if applicable) for the modification set by the American National Standards Institute (ANSI), and be prior-authorized jointly by the provider's board of directors and the department if the cost of the project may exceed \$4,000. Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditions, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable state or local building codes.	Item	Based upon <u>cost per item.</u>	\$ - <u>Admin costs may not exceed 15%.</u>
Adaptive Equipment	Adaptive equipment necessary to obtain and retain employment or to increase independent functioning in completing activities of daily living when such equipment is not available through other sources may be provided. Adaptive equipment as needed to enable family members or other care givers to provide	Item		\$ - <u>Admin costs may not exceed 15%.</u>

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
	the care needed by the individual. A comprehensive list is not possible because sometimes items are created (invented) to meet the unique adaptive needs of the individual (e.g. adult-sized changing table to enable a care giver to diaper and dress a person who has severe physical limitations, or specially designed switches that an individual with physical limitations can use to accomplish other tasks. Adaptive equipment will conform to the following criteria: (a) relate specifically to and be primarily for the recipient's disability (b) have utility primarily for a person who has a disability (c) not be an item or modification that a family would normally be expected to provide for a non-disabled family member (d) not be in the form of room and board or general maintenance (e) meet the specifications, if applicable, set by the American National Standards Institute (f) be prior authorized jointly by the provider's board of directors and the department if the cost of the project may exceed \$4,000.		Based upon <u>cost per item</u> .	
Speech Therapy	These services will be provided through direct contact between the therapist and the waiver recipient as well as between the therapist and other people providing services to the individual. Services may include screening and evaluation, comprehensive speech and language evaluations, participation in continuing evaluation of beginning, monitoring, and follow up on individualized programs, and treatment services which include consultation for speech improvement and education activities to design specialized programs for developing each individual's communication skills. Therapists will provide training to staff and caregivers who work directly with waiver recipients. Speech therapy services under State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.	Hour	Based upon the <u>amount of time</u> of direct contact with exception noted in definition*	\$40.78
Psychological and Counseling Services	Psychological and counseling services are those provided by a licensed psychologist or licensed professional counselor or a licensed clinical social worker which are within the scope of the practices of their respective professions. Psychological and counseling services may include individual and group therapy, consultation with providers and care givers directly involved with the individual, development and monitoring of behavior programs, participation in the individual planning process, and counseling for primary care givers (i.e.	Hour	Based upon the <u>amount of time</u>	\$ 51.73

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
	family members and foster parents) when their needs are related to problems dealing with the child with the disability. Psychological and counseling services under the Montana State Plan will be used before billing the waiver. Psychological and counseling services under the State Plan are limited. Under the waiver, this service is available to adults when the service is recommended by a qualified treatment professional, approved by the planning team, and written into the plan of care.			
Physical Therapy	Physical therapy services will be provided through direct contact between the therapist and the waiver recipient as well as between the therapist and other people providing services to the individual. Physical therapists may provide treatment training programs that are designed to preserve and improve abilities for independent function (such as range of motion, strength, tolerance, coordination, and activities of daily living), prevent insofar as possible irreducible or progressive disabilities through means such as the use of orthotic appliances, assistive and adaptive devices, positioning, behavior adaptations and sensory stimulation. Therapists will also provide consultation and training to staff or caregivers who work directly with waiver recipients. Physical therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.	Hour	Based upon the <u>amount of time</u>	\$ 73.92
Occupational Therapy	Occupational therapy services will be provided through direct contact between therapist and waiver recipient as well as between the therapist and other people providing services to the individual. Occupational therapists may provide evaluation, consultation, training and treatment. Occupational therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.	Hour	Based upon the <u>amount of time</u>	\$ 73.92
Respiratory Therapy	Respiratory services are provided by a licensed respiratory therapist and may include direct treatment to the individual, ongoing assessment of the person's medical conditions, equipment monitoring and upkeep, and pulmonary education and rehabilitation. Without these services, individuals with severe pulmonary conditions would have to be institutionalized.	Hour	Based upon the <u>amount of time</u>	\$ 25.03
Dietician		Hour		\$ 53.28

Service / Number of Sites / Geographic Factor	Service Definition	Billable Unit	Definition of Unit	Payment Rate Per Unit of Service (rounded)
Services	Dietician services are provided by a registered dietician or a licensed nutritionist and include meal planning, consultation with and training for care givers, and education for the individual served. The service does not include the cost of meals. Dietician services are not available under State Plan.		Based upon the <u>amount of time</u>	
Meal Services	Meal services provide hot or other appropriate meals once or twice a day, up to seven days a week. A full nutritional regimen (three meals per day) will not be provided in keeping with the exclusion of room and board as covered services. Some individuals need special assistance with their diets and the special meals service can help ensure that these individuals would receive adequate nourishment. This service will only be provided to individuals who are not eligible for these services under any other source, or need different or more extensive services than are otherwise available.	Meal	Based upon the number of meals	\$ 5.00

Table # 2 below provides additional information about each waiver service defined above. It includes the additional contract expectations of providers, and clarifies the documentation requirements. Consistent and clear documentation is crucial to demonstrate that services billed for were provided to the individual and that services are resulting in progress toward or achievement of outcomes. Support checklists/shift notes or logs are required for most services as detailed below. A “support checklist” is defined as “notes summarizing staff and service recipient activities including daily living, activities related to the individual service plan objectives, and notes describing other significant events that occurred, if any.” Support checklists must be dated, signed and kept in the individual client’s file. The frequency is either daily or monthly, and frequency is specified for each service type below.

Table #2: Documentation Expectations by Service & Administrative Rule Reference

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
Residential Community Home (small / no geographic factor)	Contractors shall meet licensing requirements and	Daily	- Individual Service Plan; - Daily staff support	Assessment of medical or behavior conditions and	Daily staff and service recipients' attendance records.	37.34.701 – 706, 937 – 942, 1101 – 1115, 621,

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
	provide sufficient numbers of daily staff and materials to meet individual service plans. For community homes, this shall include awake staff on all shifts where service recipients are resent. For supported living, contractors shall provide 24 hour on-call staff support.		checklist (shift notes); - Service recipients attendance records; - Provider staffing schedule; - Provider payroll records; - Invoice as compared to cost plan.	need for treatment in IP; support checklists (shift notes) describing the activities and support provided; evidence of service recipients participation; evidence of direct care staff presence and assignment of duties; evidence of direct care staff compensation	Daily staff schedules and service recipients' assignments. Daily support checklists (shift notes). Monthly invoice amount per person.	2107, 114
Residential Community Home (medium / no geographic factor)	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701 – 706, 937 – 942, 1101 – 1115, 621, 2107, 114
Residential Community Home (large / no geographic factor)	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701 – 706, 937 – 942, 1101 – 1115, 621, 2107, 114
Residential Community Home (small / medium geographic factor)	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701 – 706, 937 – 942, 1101 – 1115, 621, 2107, 114
Residential Community Home (medium / medium geographic factor)	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701 – 706, 937 – 942, 1101 – 1115, 621, 2107, 114
Residential Community Home (large / medium geographic factor)	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701 – 706, 937 – 942, 1101 – 1115, 621, 2107, 114
Residential Community Home (small / high geographic factor)	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701 – 706, 937 – 942, 1101 – 1115, 621, 2107, 114

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
Residential Community Home (medium / high geographic factor)	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701 – 706, 937 – 942, 1101 – 1115, 621, 2107, 114
Residential Community Home (large / high geo)	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701 – 706, 937 – 942, 1101 – 1115, 621, 2107, 114
Residential Community Home (Medically Intensive / no geographic factor)	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701 – 706, 937 – 942, 1101 – 1115, 621, 2107, 114
Residential Community Home (Medically Intensive / medium geographic factor)	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701 – 706, 937 – 942, 1101 – 1115, 621, 2107, 114
Residential Community Home (Medically Intensive / high geographic factor)	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701 – 706, 937 – 942, 1101 – 1115, 621, 2107, 114
Residential Community Home (Children's Group Home / no geographic factor)	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701 – 706, 937 – 942, 1101 – 1115, 621, 2107, 114
Residential Community Home (Children's Group Home / high geographic factor)	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701 – 706, 937 – 942, 1101 – 1115, 621, 2107, 114
Supported Living hourly / No geographic factor	Same as above	Direct care Staff Hour	<ul style="list-style-type: none"> - Individual Service Plan; - Checklist/log showing service recipient and staff presence; - Provider staffing schedule; 	Assessment of medical or behavior conditions & need for service in IP; support checklists /log showing dates, times and hours provided and showing whether it was face to face or on behalf of	Daily staff checklist/log of activities with or on behalf of each person in service for each day service is provided;	37.34.701, 702, 712, 713, 941, 942, 1101 – 1115, 985, 986, 114, 2107, 2112

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
			- Provider payroll records; - Monthly invoice as compared to cost plan.	recipient; evidence of recipient's enrollment; evidence of direct care staff's assignment of duties; evidence of direct care staff compensation.	Checklist also shows hours of service provided; Monthly invoice amount per person.	
Supported Living /hourly medium geographic factor	Same as above	Direct care Staff Hour	Same as above	Same as above	Same as above	37.34.701, 702, 712, 713, 941, 942, 1101 – 1115, 985,986, 114, 2107, 2112
Supported Living /hourly High geographic factor	Same as above	Direct care Staff Hour	Same as above	Same as above	Same as above	37.34.701, 702, 712, 713, 941, 942, 1101 – 1115, 985,986, 114, 2107, 2112
Supported Living /hourly Rural Remote	Same as above	Direct care Staff Hour	Same as above	Same as above	Same as above	37.34.701, 702, 712, 713, 941, 942, 1101 – 1115, 985,986, 114, 2107, 2112
Supported Living Flex	Same as above	Enrollment Month	Same as above	Same as above	- Monthly summary of daily staff checklist/logs of activities with or on behalf of service recipient for each day service is provided; -- - Checklist also shows hours of service provided;	37.34.701, 702, 712, 713, 941, 942, 1101 – 1115, 985,986, 114, 2107, 2112

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
					- Monthly invoice amount per person. -note of at least two face-to-face contacts	
Supported Living Base	Same as above	Enrollment Month	Same as above	Same as above	- Monthly summary of daily staff checklist/logs of activities with or on behalf of service recipient for each day service is provided; -- - Checklist also shows hours of service provided; - Monthly invoice amount per person. -note of at least one face-to-face contacts	37.34.701, 702, 712, 713, 941, 942, 1101 – 1115, 985,986, 114, 2107, 2112
Supported Living (Small Agency / no geographic factor)	Same as above	Direct Care Staff Hour	- Individual Service Plan; - Checklist/log showing service recipient and staff presence; - Provider staffing schedule; - Provider payroll records; - Monthly invoice as compared to cost plan.	Assessment of medical or behavior conditions & need for service in IP; support checklists /log showing dates, times and hours provided and showing whether it was face to face or on behalf of recipient; evidence of recipient's enrollment; evidence of direct care staff's assignment of duties; evidence of direct care staff compensation.	Daily staff checklist/log of activities with or on behalf of each person in service for each day service is provided; Checklist also shows hours of service provided; Monthly invoice amount per person.	37.34.701, 702, 712, 713, 941, 942, 1101 – 1115, 985,986, 114, 2107, 2112

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
Supported Living (Small Agency / medium geographic factor)	Same as above	Direct Care Staff Hour	Same as above	Same as above	Same as above	37.34.701, 702, 712, 713, 941, 942, 1101 – 1115, 985,986, 114, 2107, 2112
Supported Living (Small Agency / high geographic factor)	Same as above	Direct Care Staff Hour	Same as above	Same as above	Same as above	37.34.701, 702, 712, 713, 941, 942, 1101 – 1115, 985,986, 114, 2107, 2112
Residential Training Support / no geographic factor	Same as above	Support Hour	<ul style="list-style-type: none"> - Individual Service Plan; - Checklist/log showing service recipient and foster family participation; - Monthly invoice as compared to cost plan. 	Assessment of medical or behavior conditions & need for service in IP; support checklists /log showing days; evidence of recipient's enrollment; evidence of direct care staff's assignment of duties; evidence of foster support provider's compensation.	<p>Daily foster support family notes and service recipients' attendance records.</p> <p>Daily foster support family schedule and service recipients' assignments.</p> <p>Daily support checklists (shift notes).</p> <p>Monthly invoice amount per person.</p>	37.34.701, 702, 1101 – 1115, 37.100.101-175, 37.34.937-942, 2107.
Residential Training Support / medium geographic factor	Same as above	Support Hour	<ul style="list-style-type: none"> - Individual Service Plan; - Checklist/log showing service recipient and foster family participation; - Monthly invoice as compared to cost plan. 	Assessment of medical or behavior conditions & need for service in IP; support checklists /log showing days; evidence of recipient's enrollment; evidence of direct care staff's	<p>Daily support notes and service recipients' attendance records.</p> <p>Daily support staff schedule and service recipients' assignments.</p> <p>Daily support</p>	37.34.701, 702, 1101 – 1115, 37.100.101-175, 37.34.937-942, 2107.

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
				assignment of duties; evidence of foster support provider's compensation.	checklists (shift notes). Monthly invoice amount per person.	
Residential Training Support / high geographic factor	Same as above	Support Hour	- Individual Service Plan; - Checklist/log showing service recipient and foster family participation; - Monthly invoice as compared to cost plan.	Assessment of medical or behavior conditions & need for service in IP; support checklists /log showing days; evidence of recipient's enrollment; evidence of direct care staff's assignment of duties; evidence of foster support provider's compensation.	Daily support notes and service recipients' attendance records. Daily support staff schedule and service recipients' assignments. Daily support checklists (shift notes). Monthly invoice amount per person.	37.34.701, 702, 1101 – 1115, 37.100.101-175, 37.34.937-942, 2107.
Residential Training Support small agency / no geographic adjustment	Same as above	Support Hour	- Individual Service Plan; - Checklist/log showing service recipient and foster family participation; - Monthly invoice as compared to cost plan.	Assessment of medical or behavior conditions & need for service in IP; support checklists /log showing days; evidence of recipient's enrollment; evidence of direct care staff's assignment of duties; evidence of foster support provider's compensation.	Daily support notes and service recipients' attendance records. Daily support staff schedule and service recipients' assignments. Daily support checklists (shift notes). Monthly invoice amount per person.	37.34.701, 702, 1101 – 1115, 37.100.101-175, 37.34.937-942, 2107.

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
Residential Training Support small agency / medium geographic adjustment	Same as above	Support Hour	<ul style="list-style-type: none"> - Individual Service Plan; - Checklist/log showing service recipient and foster family participation; - Monthly invoice as compared to cost plan. 	Assessment of medical or behavior conditions & need for service in IP; support checklists /log showing days; evidence of recipient's enrollment; evidence of direct care staff's assignment of duties; evidence of foster support provider's compensation.	<p>Daily support notes and service recipients' attendance records.</p> <p>Daily support staff schedule and service recipients' assignments.</p> <p>Daily support checklists (shift notes).</p> <p>Monthly invoice amount per person.</p>	37.34.701, 702, 1101 – 1115, 37.100.101-175, 37.34.937-942, 2107.
Residential Training Support small agency / high geographic adjustment	Same as above	Support Hour	<ul style="list-style-type: none"> - Individual Service Plan; - Checklist/log showing service recipient and foster family participation; - Monthly invoice as compared to cost plan. 	Assessment of medical or behavior conditions & need for service in IP; support checklists /log showing days; evidence of recipient's enrollment; evidence of direct care staff's assignment of duties; evidence of foster support provider's compensation.	<p>Daily support notes and service recipients' attendance records.</p> <p>Daily support staff schedule and service recipients' assignments.</p> <p>Daily support checklists (shift notes).</p> <p>Monthly invoice amount per person.</p>	37.34.701, 702, 1101 – 1115, 37.100.101-175, 37.34.937-942, 2107.
Adult Foster Support / Low Supervision	Same as above		<ul style="list-style-type: none"> - Individual Service Plan; - Checklist/log showing service 	Assessment of medical or behavior conditions & need for service in IP;	Daily foster support family notes and service recipients' attendance records.	37.34.701, 702, 1101 – 1115, 37.100.101-175

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
		Enrollment month	recipient and foster family participation; - Monthly invoice as compared to cost plan.	support checklists /log showing days; evidence of recipient's enrollment; evidence of direct care staff's assignment of duties; evidence of foster support provider's compensation.	Daily foster support family schedule and service recipients' assignments. Daily support checklists (shift notes). Monthly invoice amount per person.	
Adult Foster Support / Moderate Supervision	Same as above	Enrollment month	Same as above	Same as above	Same as above	37.34.701, 702, 1101 – 1115, 37.100.101-175
Adult Foster Support / Enhanced Supervision	Same as above	Enrollment month	Same as above	Same as above	Same as above	37.34.701, 702, 1101 – 1115, 37.100.101-175
Adult Foster Support / Intensive Supervision	Same as above	Enrollment month	Same as above	Same as above	Same as above	37.34.701, 702, 1101 – 1115, 37.100.101-175
Caregiver Training Support / Monthly	Contractors shall meet DDP certification requirements and provide sufficient numbers of staff and materials to meet individual service plans.	Enrollment month	- Individual Service Plan; - Checklist/log showing unpaid caregiver and staff presence; - Invoice or Receipt for registration fees - Provider staffing schedule; - Provider payroll records;	Assessment of medical or behavior conditions & need for service in IP; support checklists /log showing days services are provided; evidence of direct care staff's assignment of duties; evidence of FSS staff's	Daily staff checklist/log of activities with unpaid caregiver or on behalf of each person in service for each day service is provided; Checklist also shows hours of service provided;	37.34.701, 702, 925, 1101 – 1115, 37.34.601-622, 2106

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
			- Monthly invoice as compared to cost plan.	compensation.	Monthly invoice amount per person.	
Caregiver Training Support / Hourly	Same as above	Support hour	Same as above	Same as above	Same as above	37.34.701, 702, 925, 1101 – 1115, 37.34.601-622, 2106
Assisted Living	Contractors shall meet licensing requirements and provide sufficient numbers of staff and materials to meet individual service plans on all shifts where service recipients are.	Enrollment month	<ul style="list-style-type: none"> - Individual Service Plan; - Checklist/log showing service recipient and staff presence; - Provider staffing schedule; - Provider payroll records; - Monthly invoice as compared to cost plan. 	Assessment of medical or behavior conditions and need for treatment in IP; support checklists (shift notes) describing the activities and support provided; evidence of service recipients participation; evidence of direct care staff presence and assignment of duties; evidence of direct care staff compensation	<p>Daily staff and service recipients' attendance records.</p> <p>Daily staff schedules and service recipients' assignments.</p> <p>Daily support checklists (shift notes).</p> <p>Monthly invoice amount per person</p>	37.34.701 – 706, 1101 – 1115, 37.106.2801 - 2908
Personal Care	Contractor shall provide sufficient qualified direct care staff to meet individual service plans. Staff must be present and engaged with service recipient	Direct care Staff Hour	<ul style="list-style-type: none"> - Individual Service Plan that shows current need; - Provider staffing schedule; - Staff contact notes; - Provider payroll records. 	Assessment of medical or behavior conditions and need for care; staff contact notes; evidence of consumer participation; evidence of direct care staff presence and assignment of duties; evidence of	<ul style="list-style-type: none"> - Staff contact records & attendance documentation per visit showing hours of service. - Monthly invoice amount per person. 	37.34.701, 702, 1101 – 1115, 933, 934, 114

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
				direct care staff compensation		
Homemaker	Contractor shall provide sufficient qualified direct care staff to meet individual service plans.	Direct care Staff Hour	<ul style="list-style-type: none"> - Individual Service Plan that documents current need; - Staff contact notes; - Consumer attendance records; - Provider staffing schedule; - Provider payroll records. 	Assessment of medical or behavior conditions and need for treatment; staff contact notes; evidence of service recipient participation; evidence of direct care staff presence; evidence of direct care staff compensation.	<p>Staff records and attendance documentation per visit showing hours of service.</p> <p>Monthly invoice amount per person.</p>	37.34.701, 702, 1101 – 1115, 929, 930, 2102
Adult Companion	Contractor shall provide sufficient qualified direct care staff to meet individual service plans.	Direct care Staff Hour	<ul style="list-style-type: none"> - Individual Service Plan that documents current need; - Staff contact notes; - Consumer attendance records; - Provider staffing schedule; - Provider payroll records. 	Assessment of medical or behavior conditions and need for treatment; staff contact notes; evidence of service recipient participation; evidence of direct care staff presence; evidence of direct care staff compensation.	<p>Staff records and attendance documentation per visit showing hours of service.</p> <p>Monthly invoice amount per person.</p>	37.34.701, 702, 1101 – 1115, 114
Respite Care	Contractor shall provide sufficient qualified direct care staff to meet individual service plans. Staff must be present and engaged with consumers.	Direct care Staff Hour	<ul style="list-style-type: none"> - Individual Service Plan that documents current need; - Consumer attendance records; - Provider staffing schedule; 	Evidence of a record/log that documents each respite visit with a date, start and end time, and service recipient and provider names; evidence of direct	<p>Staff contact records and attendance documentation showing hours of service per event.</p> <p>Monthly invoice amount per person. Rate of \$12.96 is</p>	37.34.601 – 622, 37.34.701, 702, 1101 – 1115, 946, 947, 114

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
			- Provider payroll records;	care staff compensation.	inclusive of 15% admin fee.	
Respite Other	Contractor shall provide sufficient qualified direct care staff to meet individual service plans. Staff must be present and engaged with consumers	Service Hour	- Individual Service Plan that documents current need; - Consumer attendance records; - Documentation of negotiated rate; - Provider payroll records;	Evidence of a record/log that documents each respite visit with a date, start and end time, and service recipient and provider names; evidence of respite worker's wage compensation.	Staff contact records and attendance documentation showing hours of service per event. Monthly invoice amount per person. Negotiated rate and \$1.95 per hour not to exceed \$12.96 per hour.	37.34.601 – 622, 37.34.701, 702, 1101 – 1115, 946, 947, 114
Individual Goods and Services	Contractor shall provide sufficient materials to meet individual service plans.	Item cost or Fee	- Individual Service Plan; - Inventory records; - Annual purchases cannot exceed \$2,000 without additional DDP Regional Manager approval; - Admin. costs may not exceed 15%.	Purchase must be tied to habilitation objective; Evidence of department approval and item or service delivery.	Current Inventory records, purchase agreement, receipt, or invoice of item, fee, or service purchased.	37.34.601 – 622, 37.34.701, 702, 1101 – 1115, 946, 947
Transportation	Same as Waiver service definition on Table #1	Varies. See Table #1	-Individual Service plan that documents current need, ride logs	Transportation must delivered in context of accessing waiver services, logs of rides given tying to Plan objectives	Actual mileage, daily rides, weekly rides, and monthly rides depending on the type of transportation. See Table #1	37.34.601 – 622, 37.34.701, 702, 1101 – 1115, 967, 968
Work Program - Supported Employment (individual full time)		Enrollment Month	- Individual Service Plan;	Assessment of disabling conditions and need for supported employment;	Job Coach notes and attendance documentation per activities with or on behalf of the	37.34.701, 702, 711, 937 – 942, 1101 – 1115,

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
	Contractor must provide sufficient qualified staff to meet individual service plans and career plans.		<ul style="list-style-type: none"> - Career Plan; - Consumer attendance records; - Staff log of activities; - Provider staffing schedule; - Provider payroll records; - Invoice as compared to cost plan. 	Staff log of activities with or on behalf of each service recipient showing dates, times and hours spent by tier on each contact, and defining if it was face to face or "on behalf" of recipient;	<p>individual in service;</p> <p>Monthly invoice amount per person.</p> <p><i>(Contact requirements vary, e.g. Base = 1 contact/month with or on behalf of consumer; Tier 1 = at least 2 face to face contacts/month; and Tier 2 = at least 5 face to face contacts/month).</i></p>	622, 114, 2107
Work or Day Activity Program – no geographic factor	Contractor must provide sufficient qualified staff to meet individual service plans. Direct care staff time involves both direct service recipient engagement as well as training and preparation time.	Daily	<ul style="list-style-type: none"> - Individual Service Plan; - Service recipient attendance records; - Provider staffing schedule; - Provider payroll records; - Invoice as compared to cost plan. 	Assessment of disabling conditions and need for day or employment support; evidence of consumer participation; staff support checklist/log showing activities; evidence of direct care staff presence and assignment of duties; evidence of direct care staff compensation.	<p>Daily staff and service recipient attendance records.</p> <p>Daily staff schedules and service recipient assignments.</p> <p>Daily staff support checklist/log.</p> <p>Monthly invoice amount per person</p>	37.34.701, 702, 711, 937 – 942, 1101 – 1115, 622, 114
Work or Day Activity Program - medium geographic factor	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701, 702, 711, 937 – 942, 1101 – 1115, 622, 114
Work or Day Activity						37.34.701, 702,

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
Program - high geographic factor	Same as above	Daily	Same as above	Same as above	Same as above	711, 937 – 942, 1101 – 1115, 622, 114
Small Work or Day Activity Program – no geographic factor	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701, 702, 711, 937 – 942, 1101 – 1115, 622, 114
Small Work or Day Activity Program – medium geographic factor	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701, 702, 711, 937 – 942, 1101 – 1115, 622, 114
Small Work or Day Activity Program – high geographic factor	Same as above	Daily	Same as above	Same as above	Same as above	37.34.701, 702, 711, 937 – 942, 1101 – 1115, 622, 114
Waiver Children's Case Management (Monthly)	Same as waiver service definition in Table #1 Contractor must provide sufficient qualified staff to develop, maintain, and track progress toward meeting individual service plans	Monthly	Case Management log/notes, service recipient attendance, Case Management agency payroll records, invoice as compared to cost plan.	Assessment of individual, notes indicating progress in relationship to IFSP, evidence of consumer participation, evidence of face-to-face contact with individual in service, evidence of compensation to Case Management employee.	Case Management notes and attendance documentation per encounter with or on behalf of the individual in service;	37.34.926, 925, 2106
Private Duty Nursing	Same as waiver service definition in Table # 1	Hour	Individual service plan and nursing notes	Physician's order renewed annually and updated as needed; nursing care plan; treatment notes	Staff nursing notes and attendance documentation per therapeutic encounter. Current documented consumer need.	37.34.701, 702, 1101 - 1115
Environmental		Item	- Individual service			37.34.601 – 622,

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
Modifications	Same as waiver service definition in Table # 1		plan approval of item; - If amount exceeds \$4,000.00, prior approval of provider's Board of Directors and the Department (usually the DDP Regional Manager) is required. - Admin costs may not exceed 15%	Evidence of prior DDP & provider's Board of Directors approvals. Evidence of delivery of modification.	Current inventory records and receipts.	37.34.701, 702, 1101 – 1115, 960, 961, 973, 974, 8.32.101 – 507
Adaptive Equipment	Same as waiver service definition in Table # 1	Item	Same as above	Evidence of prior DDP & provider's Board of Directors approvals. Evidence of delivery of modification.	Current inventory records and receipts.	37.34.601 – 622, 37.34.701, 702, 1101 – 1115, 962, 963
Psychological and Counseling Services	Same as waiver service definition in Table # 1	Hour	Individual service plan that documents current consumer need. Treatment notes.	Behavioral or mental health assessment; behavior plan; and treatment notes.	Staff treatment notes and documentation of service recipient's attendance per therapeutic encounter.	37.34.601 – 622, 37.34.701, 702, 1101 – 1115, 971, 972
Speech Therapy	Same as waiver service definition in Table # 1	Hour	Individual service plan that documents current consumer need. Treatment notes.	ST assessment; ST care plan; and treatment notes.	Staff treatment notes and documentation of service recipient's attendance per therapeutic encounter.	37.34.601 – 622, 37.34.701, 702, 1101 – 1115, 956, 957

Service / Number of Sites / Geographic Factor	State Contract Requirement	Billable Unit	Type of Documentation	Content of Documentation	Frequency of Documentation	Administrative Rule Reference
Physical Therapy	Same as waiver service definition in Table # 1	Hour	Individual service plan that documents current consumer need. Treatment notes.	PT assessment; PT care plan; and treatment notes.	Staff treatment notes and documentation of service recipient's attendance per therapeutic encounter.	37.34.601 – 622, 37.34.701, 702, 1101 – 1115, 954, 955
Occupational Therapy	Same as waiver service definition in Table # 1	Hour	Individual service plan that documents current consumer need. Treatment notes.	OT care assessment; OT care plan; and treatment notes.	Staff treatment notes and documentation of service recipient's attendance per therapeutic encounter.	37.34.601 – 622, 37.34.701, 702, 1101 – 1115, 950, 951
Respiratory Therapy	Same as waiver service definition in Table # 1	Hour	Individual service plan that documents current consumer need. Treatment notes.	RT care assessment; RT care plan; and treatment notes.	Staff treatment notes and documentation of service recipient's attendance per therapeutic encounter.	37.34.601 – 622, 37.34.701, 702, 1101 – 1115, 987, 988 24.213.101 - 421
Dietician Services	Same as waiver service definition in Table # 1	Hour	Individual service plan that documents current consumer need. Treatment notes.	Dietician assessment; nutrition plan; treatment notes	Staff treatment notes and documentation of service recipient's attendance per therapeutic encounter.	37.34.601 – 622, 37.34.701, 702, 1101 – 1115, 978, 979, 1301 - 1308
Meal Services	Same as waiver service definition in Table # 1	Meal	Individual service plan indicating need for meal services.	Log of meals provided.	Log of meals provided by date.	37.34.701, 702, 1101 – 1115, 980, 981